

TEXAS DEPARTMENT OF INSURANCE

MC 106-1G, P.O. Box 149104

Austin, TX 78714-9104

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

CERTIFICATION

Of Changes To Disclosure Statement

I, _____ do certify that I am an officer of
(Name)

_____ with the title of _____
(Provider/Facility) (Title)

I, furthermore certify that I am familiar with the statutes and rules governing Continuing Care Facilities, that I am responsible for the filings submitted to the Texas Department of Insurance in regards to the disclosure statement, and that I have personal knowledge of the submission of all items in regards to this disclosure statement. I further certify that the attached revisions, as indexed below, constitute the only changes, additions and deletions to the disclosure statement.

ATTACHED REVISIONS:

<u>Description of Change</u>	<u>Subsection</u>	<u>Page No. and/or Name of Attachment</u>
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(Signature)

STATE OF _____
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 19_____

Notary Seal

Signature of Notary

My commission expires: _____

Notary's Printed Name